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Attorney Docket Number
HAW11032

DESIGN '"	st Named Inventor	RACHEL HUGHES			
PATENT APPLICATION	СОМ	PLETE IF KNOWN			
(AT AFD 4 AA)	plication Number				
Declaration	ng Date				
vvim inmai Filing (surcharge	Unit				
Filing (37 CFR 1.16 (e)) required)	aminer Name				
I hereby declare that:					
Each inventor's residence, mailing address, and citizenship are as s	stated below post to th	oir nama			
I believe the inventor(s) named below to be the original and first invention a patent is sought on the invention entitled:	entor(s) of the subject	matter which is claimed and for			
SIMULATED FLORAL BOUQUET AND METHOD	OF MANUFACT	URE			
(Title of the Inv.	ention)				
ra [']					
is attached hereto					
OR					
was filed on (MM/DD/YYYY)	as United States App	lication Number or PCT International			
Application Number and was amended or	1 (MM/DD/YYYY)	(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as					
amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application					
and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one					
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign I					
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
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[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NAME OF SOLE OR FIRST IN	VENTOR:		ПАР	etition	has t	oeen filed	for thi	s unsigi	ned inventor
Given Name						Family N	Vame		
(first and middle [if any]) RACHE	L					or Suma	ame HU	GHES	
Inventor's	- /	_							Date
Signature X Kache	1 Huy State	ohes	,						
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NAME OF SECOND INVENTO	R:				Α	petition h	nas bee	n filed t	for this unsigned inventor
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(first and middle [if any])					- 1	or Sumai	me		
Inventor's Signature									Date
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Additional in the control of the con									
Additional inventors or a legal re	presentative are beir	ng named on	tnes	uppleme	ental st	neet(s) PTC)/SB/02A	or 02LR :	attached hereto.

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	RACHEL HUGHES
Title	SIMULATED FLORAL BOUQUET
Art Unit	
Examiner Name	
Attorney Docket Number	HAW11032

I hereby appoint:	<u> </u>				
Practitioners associated with the Customer Number:					
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Practitioner(s) named below:					
Name	Registration Number				
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20,212					
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I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/	96)				
SIGNATURE of Applicant or Assignee of Record					
Name RACHEL HUGHES					
Signature X Rachel Hugher					
Date 11-21-03	Telephone 724-794-3134				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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